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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Karim Asani

SERIAL NO.: 09/523,789

ART UNIT: 2768

FILED : March 13, 2000

EXAMINER:

FOR: SYSTEM AND METHOD FOR SAFE FINANCIAL TRANSACTIONS IN E. COMMERCE

Commissioner for Patents  
Washington, D.C. 20231

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Applicant(s) respectfully requests that the Assistant Commissioner issue a new, Corrected Filing Receipt in view of the error contained in the Corrected Filing Receipt. A copy of the Corrected Filing Receipt is attached hereto. Under "Applicants", please make the following correction:

Karim Asani, North York, Ontario, CANADA

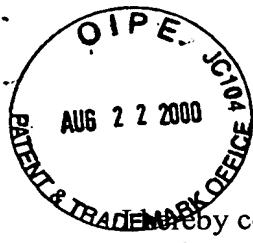
Applicant(s) respectfully requests that the Assistant Commissioner issue a new Filing Receipt to include the above-corrected name.

Respectfully submitted,

Date: *August 22, 2000*

*Rashida A. Karmali*

Rashida A. Karmali  
Reg. No. 43,705  
Attorney for Applicants  
230 Park Avenue, Suite 2525  
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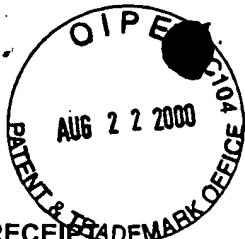
### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington, D.C. 20231, on August 22, 2000.

Rashida A. Karmali  
Name of applicant, assignee  
Or registered representative

Rashida A. Karmali  
Signature

Date of Signature



FILING RECEIPT TRADEMARK OFFICE

\*OC00000005120779\*



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	PTO CLAIMS	IND CLAIMS
09/523,789	03/13/2000	2768	423	99951.1	7	AUG 31 2000 CEN TER 2700	RECEIVED

Rashida A. Karmali Esq  
13 West 13th Street  
Suite 3AN  
New York, NY 10011

Date Mailed: 05/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon.** If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) **KARIM ASANI, NORTH YORK, ONTARIO, TORONTO**  
Karim Asani, Njorth York, ON CANADA;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 05/16/2000

**\*\* SMALL ENTITY \*\***

Title

System and method for safe financial transactions in E,Commerce

Preliminary Class

705

Data entry by : RIVERS, ANNETTE

Team : OIPE

Date: 05/17/2000





## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

SERIAL NUMBER 09/523,789	FILING DATE 03/13/2000 RULE	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 99951.1
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## APPLICANTS

Karim Asani, North York, Ontario, CANADA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 05/16/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance <i>Wangful</i> Examiner's Signature Initials				

## ADDRESS

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## TITLE

System and method for safe financial transactions in E,Commerce

FILING FEE RECEIVED 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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